

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>MM</i>	<i>67814</i>	<i>5/6/55</i>
O.I.P.E. CLASSIFIER		<i>10</i>	<i>5-10-99</i>
F RMALITY REVIEW		<i>70619</i>	<i>7/8/99</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

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If more than 150 claims or 10 actions  
staple additional sheet here

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